

## DEPARTMENTAL REQUEST FOR SELECTED RESERVE PERSONNEL

<b>DEPARTMENT:</b>				<b>CODE:</b>	
DATES REQUESTED	WORK ASSIGNMENT	RANK/RATE	DESIGNATOR/CORPS	NOBC/SUB-SPECIALTY/ NEC	JUSTIFICATION/COMMENTS
<b>SUBMITTED BY:</b>					<b>DATE:</b>
<b>DEPARTMENT HEAD'S SIGNATURE:</b>				<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b>	<b>DATE:</b>
<b>DIRECTOR'S SIGNATURE:</b>				<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b>	<b>DATE:</b>
<b>XO'S SIGNATURE:</b>				<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b>	<b>DATE:</b>

<b>CO'S SIGNATURE:</b>	<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b>	<b>DATE:</b>
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*RETURN COMPLETED FORM TO THE OPERATIONAL SUPPORT OFFICE (CODE 09RL)*